

Francie Jeanette Anderson

Town

County

Died at Alberton

Howard

MARYLAND

Date 1902 Aug 24
 Month Day Y. M. D.
 Age 7 26
 Native of Md
 Occupation
 Male White ~~Married~~ Widower
 Female Colored Single Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera Infantum

How long sick

2 days

Death

Immediate

Cardiac Paralysis

~~Accident, Suicide, Homicide~~

Reported by

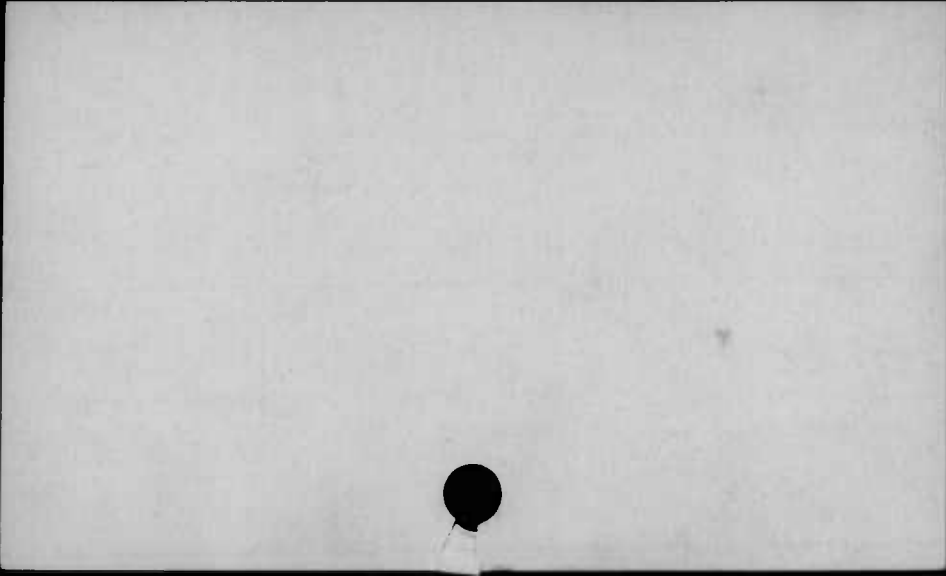
Dr. Wm. B. Gaubril

Address

Alberton

Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Christian Beutefisch

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

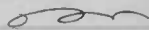
Native of

Occupation

Aug 9

Age 17 11

Md



Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Maiden Name

Henry C. Beutefisch

Amelia Will

Cause of

Primary

Organic Heart Disease

How long sick

about six years

Death

Immediate

Pericardial Effusion

Accident, Suicide, Homicide

Reported by

William E. Hodges M.D.

Address

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Katherine W. Boykin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ellicott City ^{Town}		Howard ^{County}		MARYLAND	
Date of death 190 2	Month Aug	Day 10th	Age 61	Months —	Days —
Sex Female	White			Birth-place Pa.	
Married, —	Married			Occupation —	
Name of Wife or Husband Dr. Thomas J. Boykin					
Father's Name W. W. Nichols				Father's Birthplace Norfolk Va	
Mother's Maiden Name Cornelia Rathbone				Mother's Birthplace New York	
Name of person giving information Ch. Brogan				How related to deceased Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Car coma	How long 45
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Thos B Ormings
	Address Ellicott City
Accident or Suicide?	

Henry M Jenkins & Sons Undertakers
Greenmount Cemetery Balto. Place of Burial

Lloyd Edward Cromwell

Town

County

Died at

MARYLAND

Elk Ridge

Howard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Aug 26

Age

1.7

Elk Ridge

none

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jas E Cromwell

Alice Green

Cause of

Primary

Enterocolitis - 105

How long sick

6 weeks

Death

Immediate

Enterocolitis - 105

Accident, Suicide, Homicide

Reported by

Arthur Williams

Address

Elk Ridge

Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clara L. Dorsey
 Town County
 Died at Cooksville Howard MARYLAND
 Date 19 00 Aug. 12 Age 1. 11. 0 Native of Md. Occupation _____
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower ~~Number of children living~~
 Husband of _____
 Wife _____
 Father's Name Dennis P. Dorsey Mother's Maiden Name Francis A. Dorsey
 Cause of Death { Primary Enterocolitis How long sick 2 weeks.
 { Immediate General collapse. 105 Accident, Suicide, Homicide
 Reported by J. W. Lacy.
 Address _____ Lisbon. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Wm Duwall

Died at ^{Town} Florence ^{County} Howard MARYLAND

Date 1902 8 21 Age 17 Y. M. D. - - - Native of - Occupation -

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of Wm Duwall
 Wife

Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Immediate Suicide Pistol shot How long sick 159 Accident, Suicide, Homicide

Reported by Dr. R. O. D. Warfield
 Address Lisbon Md



Name in Full

Certificate of Death

Mrs Ethel L A Fout,

Died at ^{Town} *Woodbine* ^{County} *Howard* MARYLANDDate 19 *02* ^{Month} *8* ^{Day} *28* ^{Y.} *56* ^{M.} *"* ^{D.} *"* ^{Native of} *"* ^{Occupation} *"*~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*3*Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of ^{Primary}*Accident*

How long sick

Death ^{Immediate}*Concussion Brain*

Accident, Suicide, Homicide

Reported by

Dr. Abe Leroux

Address

Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Leanna E. Kiddings

Near Laurel. Town

Howard Co. County

MARYLAND

Died at

Date 1902 Aug. 15th

Age 50-6-2

Howard Co. Native of

House-wife Occupation

Female

White

Married

Widow

Divorced

Number of children living 8

Husband of

George H. Kiddings

Father's Name Henry Cross

Mother's Maiden Name

Mary Lewis

Cause of

Primary

Brights disease

How long sick

2 years

Death

Immediate

Cardiac failure

Accident, Suicide, Homicide

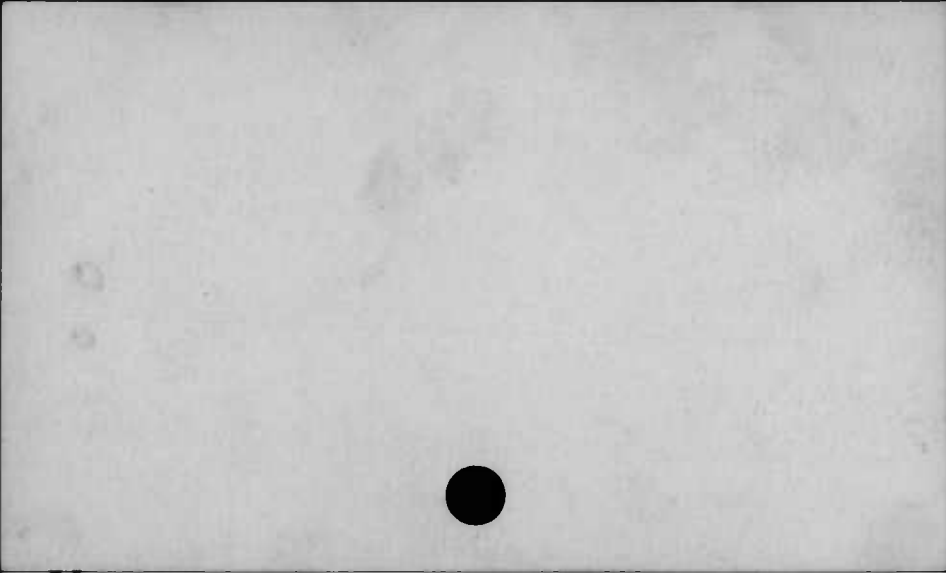
Reported by

T. H. Oyler

Address

Laurel. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clara Green

Died at ^{Town} Ellicott City ^{County} Howard MARYLAND

Date 1902 Aug 18 Age 39 Y. M. D. Native of Md Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 3

Husband of

Wife
 Father's Name unknown

Mother's Name Margaret Green
 Maiden Name

Cause of Death { Primary Consumption
 Immediate Apoplexy
 How long sick
 Accident, Suicide, Homicide

Reported by B. J. Byrne
 Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Joseph Green

Died at ^{Town} Alberton ^{County} Howard MARYLANDDate 19 02 ^{Month} Aug ^{Day} 23 ^{Y.} 80 ^{M.} 5 ^{D.} 29 ^{Native of} Md ^{Occupation} Timber Worker
Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9Husband of Ellen Stimmel
Father's Name George Green Mother's Name Margaret
Maiden Name BommickelCause of Death { Primary Old age Immediate Cardiac Asthenia How long sick 7 weeks
Accident, Suicide, HomicideReported by Dr. Wm. B. Gambrell, 154
Address Alberton Md



Samuel Hall

Town

County

Died at Near Savage

Howard

MARYLAND

Date 1912
 Male
 Female
 Month 8
 Day 4
 Age 23
 Married
 Single
 Y. M. D.
 Native of Md
 Divorced
 Occupation Infant.
 Number of children living

Husband
 of

Father's
 Name

Moses R. Hall

Mother's
 Name

Emma Hall

Cause of

Primary

Stomatitis

100

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Moses R. Hall per William M. S.

Address

Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Hebron

Died at ^{Town} W. Laurel ^{County} Harwood MARYLAND

Date 19 02 ^{Month} Aug ^{Day} 13 Age 2 Y. M. D. md Native of md Occupation _____

Male White Married Widow Divorced _____
 Female Colored Single Widower Number of children living _____

~~Husband~~
of~~Wife~~

Father's Name Chas. Hebron Mother's Maiden Name Alice Clark

Cause of Death { Primary Undetermined, (probably Nephritis) How long sick 1 month
 Immediate (probably Nephritis) ~~Accident, Suicide, Homicide~~

Reported by

Address

W. F. Taylor
Laurel md

120

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margt. L. Hallingsworth

Died at

Town

County

Ellicott City

Howard

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Aug 26

Age

13

Md

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number~~ of children living

Husband

of

~~Wife~~

Father's

Name

Mother's

Middle Name

Richard Jones Hallingsworth

Josephine Coleman

Cause of

Primery

Typhoid fever

How long sick

22 days

Death

Immediate

Perforation of bowel etc.

Accident, Suicide, Homicide

Reported by

B. J. Byrne

Address

Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79829



Name in Full

Certificate of Death

Lucinda Jager
 Town *Fulton* County *Howard*

MARYLAND

Died at *Fulton* Month *8* Day *16* Y. *26* M. *26* D. *26*
 Date 19*02* Native of *MD* Occupation *Wife*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *1*

Husband of *Thomas Jager*
 Wife of *Thomas Jager*
 Father's Name *Jas. C. English* Mother's Maiden Name *Sara Thompson*

Cause of Death { Primary *Tuberculosis* How long sick *1 yr.*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *W. M. Gisel*Address *Highland, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Helen May Johnson
 Died at *Ellicott City* ^{Town} *Howard* ^{County} *MARYLAND*
 Date 19*22* ^{Month} *Aug* ^{Day} *3* Age *10* ^{Y.} ^{M.} ^{D.} *1* Native of *Maryland* Occupation _____
~~Male~~ ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Walter Levi

Town

County

Died - Mar 1899

Howard

MARYLAND

Month Day Y. M. D. Native of Occupation
 8 20 2 8 M D Infant
 Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Single~~ Colored Single ~~Widow~~ Number of children living

Husband of _____
 Wife

Father's Name Frank Levi
 Mother's Name Sarah E. Corlley

Cause of Death { Primary Typhoid Fever
 Immediate Meningitis
 How long sick 2 weeks
 Accidents, Suicide, Homicide

Reported by Dr. H. L. Linton M.D.

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

May Anne McMonus

Died at ^{Town} Elk Ridge ^{County} Howard MARYLAND

Date 189 ¹⁹⁰² ^{Month} Aug ^{Day} 5th ^{Age} 53 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} housewife

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} 7

~~Wife~~ of John McMonus

Father's Name Mother's Name

Cause of Death { Primary Tuberculosis } How long sick 3 years

Death { Immediate Dysentery } Accident, Suicide, Homicide

Reported by Arthur Williams

Address Elk Ridge Howard Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65969



Name in Full

Certificate of Death

Daniel E. Murphy

Town

County

Died at

MARYLAND

Mum Ellicott City Howard

Month

Day

M.

D.

Native of

Occupation

Date 19

02 Aug 24

Age

33 -

Boston

Soldier

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Not Known

Mother's

Maiden Name

Not Known

Cause of

Primary

Suicide

How long sick

Death

Immediate

Struck by Engine

Accident, Suicide, Homicide

Reported by

Howard D Dunkel Coroner

Address

Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Charles Nicols

Town

County

Died at Near Laurel Howard

MARYLAND

Date 1803	Month August	Day 20	Y. 39	M. -	D. -	Native of Maryland	Occupation Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of
Wife

Father's Name Rev. James Nicols

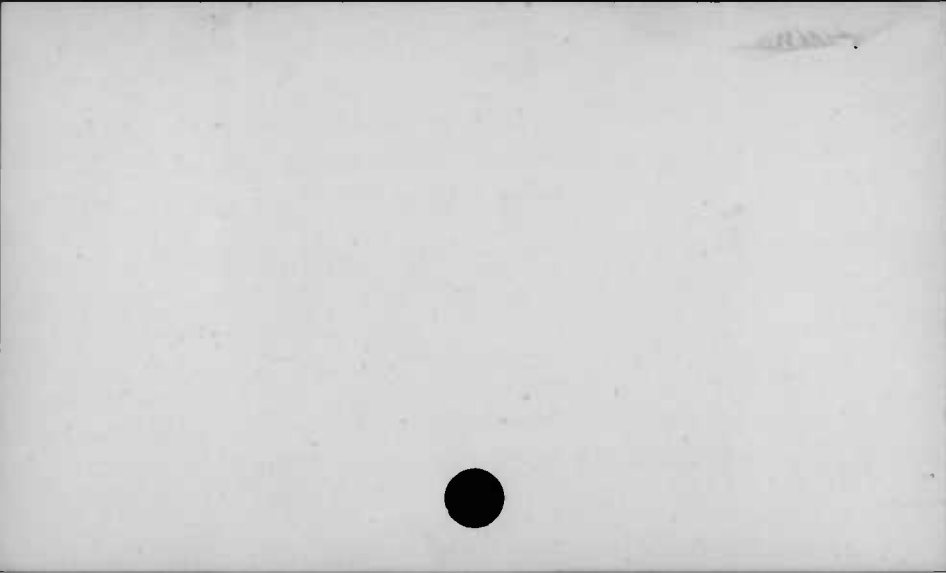
Mother's Name Olivia Richardson

Cause of	Primary Typhoid Fever	How long sick Over 3 Weeks
Death	Immediate Exhaustion	Accident, Suicide, Homicide

Reported by Dr. Jno. Brown Miller

Address Laurel Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas A. Ridgely
 Town County

Died at

MARYLAND

Month Day Y. M. D. Native of Occupation
 Died at Glenwood Howard Co Farmer,
 Date 1902 August 7 Age 75-9-3
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living one.

Husband of Elizer J. Haffley
 Wife
 Father's Name William A. Ridgely Mother's Name Elisebeth Haffley
 Maiden Name

Cause of Death { Primary Arterial Pec Torius How long sick 80
 Immediate Rupture of Heart Muscle Accident, Suicide, Homicide

Reported by

Address

J. Walter Saxe M.D.
 Cobsville Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Miriam J. Ridgely

Town

County

Died at

West Friendship

Howard

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1912

aug

7

Age

7

9

-

Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John R. Ridgely

Mother's

Name

Catherine E. Ridgely

Cause of

Primary

Tuberculosis of bones & lungs about 6 mos

How long sick

Death

Immediate

Perforation of bone of leg

~~Accident, fall, from horse~~

Reported by

Benj. F. Shipley

M. D.

Address

Alpha

Howard Co

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Post Mortem 22 hrs
after death revealed
a broken abscess in
the appendix region
liver 3 times the natural
size with nodules
throughout one large
one in the stage of break-
ing down, $\frac{3}{4}$ of right-
lung involved in a
tubercular process
of acute millary
tubercular character,
& the colon was
perforated in 7
different places
spleen natural
heart natural Perfor-
ation is the immediate
cause of death

Benj Shipley. M.D.,

Name in Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Adelaide W. Snowden
 Town County

Glenwood Howard Co

MARYLAND

Month Day Y. M. D. Native of Occupation
 Aug 22 64 9 9 Howard Co Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living five

of William Snowden

Father's Name Mother's Name
 Gustavus W. H. Mary Phineas,

Primary Cause of Death
 Amputation of leg
 How long sick 81
 Accident, Suicide, Homicide

Reported by J. Walter Davis M.D.

Address Corksville Howard Co Md.



Name In Full

Certificate of Death

Name *unknown*
 Town *Cornville* County *Howard* *Co* MARYLAND
 Died at
 Date 19 *12* *one* *8* Y. M. D. Age *unknown* Native of *Don't know* Occupation *unknown*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of *unknown*
 Wife *unknown*
 Father's Name *unknown* Mother's Maiden Name *unknown* *55*

Cause of Death { Primary Immediate *Sulphuric Acid Poisoning* How long sick *55*
 Accident, Suicide, Homicide

Reported by *J. Walter Davis M.D.*
 Address *Cornville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret Maria Waters

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Eek Ridge

Howard

Age 17-10-6

Md

Cook sc.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Charles Waters

Matilda Brown

Cause of

Primary

Typhoid fever

How long sick

2 weeks

Death

Immediate

Intestinal hemorrhage

Accident, Suicide, Homicide

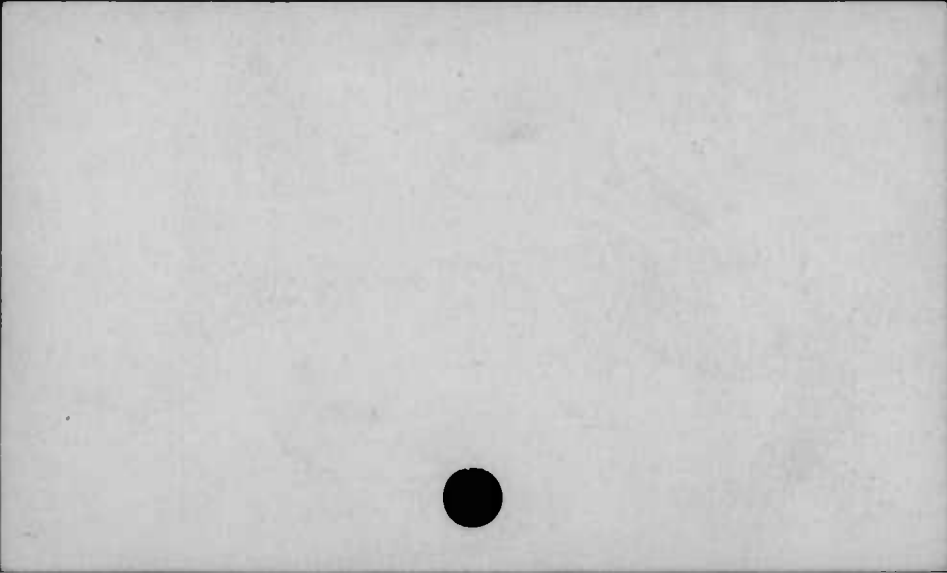
Reported by

M. R. Eareckson

Address

Eek Ridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town
Gulfport

County

Harris

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

21

Age

84

Md

Retired

Male

Married

Widow

Never

Colored

Single

Widower

Number of children living

5

Husband

of

Sarah Watkins

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Bright disease

How long sick

2 years

Death

Immediate

Branic Poisoning

Accident Suicide Homicide

Reported by

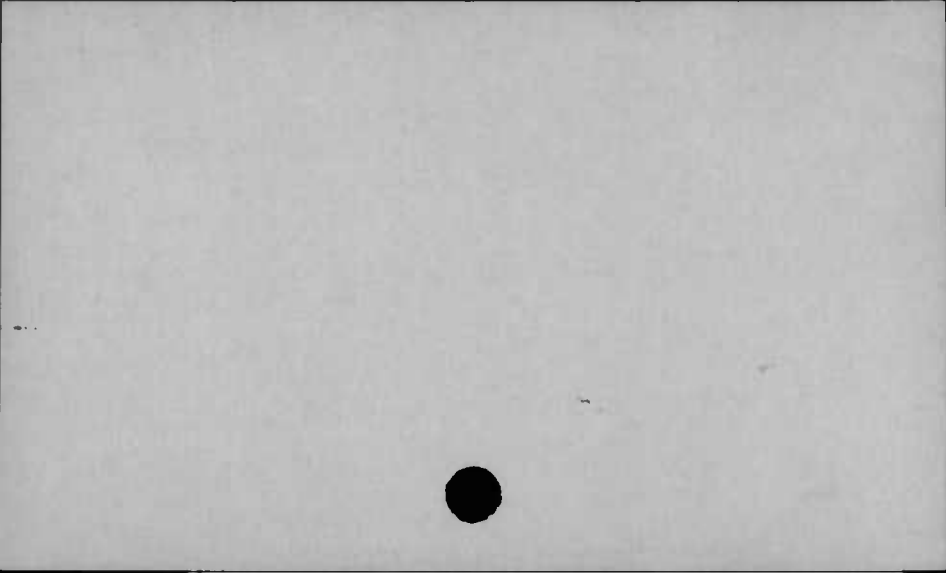
T. W. Littlejohn M.D.

Address

Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name In Full

Certificate of Death

Douglas Williams

Died at ^{Town} Ellicott City ^{County} Howard

MARYLAND

Date 1902 Aug 12 | Age 23 | Native of Md | Occupation Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of —

Wife

Father's Name Alexander Williams | Mother's Name Rosa Henson

Cause of { Primary Typhoid Fever | How long sick

Death { Immediate Hemorrhage | Accident, Suicide, Homicide

Reported by B. J. Bynum

Address Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

